



Individual checking out ClearStream recycling containers: _____ PRINT NAME _____

Number of ClearStream recycling containers checking out: No. CONTAINERS

Hand Cart? (Only with 10 or more ClearStreams) YES/NO Number of Yard Signs: No. Yard Signs

I understand the ClearStream recycling containers are to be used for collecting recyclable materials at our community event. The ClearStream recycling containers are provided with the stands, tops, signage and clear bags and are in working condition. I will return the ClearStream containers (cleaned and in good repair) along with any unused bags at the conclusion of our community event. In the event the recycling containers are lost or damaged, I agree to pay the City of Raleigh \$50 each replacement cost. In the event the hand cart is lost or damaged, I agree to pay the City of Raleigh \$500 replacement cost.

I understand I am responsible for taking all recycling materials collected to a recycling facility. (The city offers seven recycling drop off centers, one is located at the Solid Waste Services Administrative Office where the ClearStreams are picked up, open M-F, 7a-4p.)

Name of Event

Signature

Date(s) of Event

Address

(_____) (_____) _____
Phone 1 Phone 2

City, State, Zip

Email Address

SWS Employee Signed Out

Check Out Date

Date DUE BACK

FOR USE BY SWS STAFF ONLY:

Request Received By: _____
SWS Employee Initials

☐ Checked Availability on SWS Calendar

☐ Called/Emailed Confirmation

☐ Logged On SWS Calendar

☐ Logged In Binder

ClearStreams
Returned

Hand Cart
Returned (Y/N)

Yard Signs
Returned

Date Returned

Damage? If so, indicate.

SWS Employee Sign In

Email Request Form to: sws@raleighnc.gov or Fax to: 919.831.6632